



Audits Section – Bay and Central Region  
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February 7, 2008

Ann Detrick, PhD. , Director  
Santa Barbara County Alcohol, Drug, and Mental Health Services  
300 North San Antonio Road, Building 3  
Santa Barbara, CA 93110

Dear Dr. Detrick:

**AUDIT REPORT – SANTA BARBARA COUNTY MENTAL HEALTH SERVICES**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Barbara County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.


The effect of this revised allowable program costs is as follows:


	<u>Settled</u>	<u>Net Program Costs</u> <u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 16,059,199	\$ 13,767,325	\$ (2,291,874)
Federal Share of Healthy Families/Medi-Cal	\$ 445,492	\$ 365,998	\$ (79,494)
State General Funds EPSDT Due State	\$ 4,385,102	\$ 3,776,457	\$ (608,645)

Ann Detrick, PhD., Director  
February 7, 2008  
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If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

  
WALTER J. HILL, JR., MBA, EA  
Chief of Audits

  
SHIRLEY CASTANEDA, Supervisor  
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

## SCHEDULE 1

SANTA BARBARA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2003

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<b><u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u></b>				
<b><u>COUNTY PROVIDERS</u></b>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 10,940,167	\$ (1,991,802)	\$ 8,948,365
HEALTHY FAMILIES - FFP		331,472	(72,811)	258,661
TOTAL FFP - COUNTY PROVIDER		<u>\$ 11,271,639</u>	<u>\$ (2,064,613)</u>	<u>\$ 9,207,026</u>
<b><u>CONTRACT PROVIDERS</u></b>				
MEDI-CAL - FFP	(Sch. 3b)	5,119,032	(300,072)	4,818,960
HEALTHY FAMILIES - FFP		114,020	(6,683)	107,337
TOTAL FFP - CONTRACT PROVIDER		<u>\$ 5,233,052</u>	<u>\$ (306,755)</u>	<u>\$ 4,926,297</u>
<b><u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u></b>				
MEDI-CAL - FFP		\$ 16,059,199	\$ (2,291,874)	\$ 13,767,325
HEALTHY FAMILIES - FFP		445,492	(79,494)	365,998
TOTAL FFP		<u>\$ 16,504,691</u>	<u>\$ (2,371,368)</u>	<u>\$ 14,133,323</u>
<b><u>SUMMARY OF STATE GENERAL FUNDS</u></b>				
EPSDT - SGF	(Sch. 4)	<u>\$ 4,385,102</u>	<u>\$ (608,645)</u>	<u>\$ 3,776,457</u>

**SCHEDULE 2**

**SANTA BARBARA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003**

**COUNTY OPERATED FEDERAL**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<b><u>Total Medi-Cal Gross Reimbursement</u></b>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 1,695,516	\$ (314,325)	\$ 1,381,191
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	15,738,040	(3,298,575)	12,439,465
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	40,688	40,688
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	446,343	(100,875)	345,468
9. Total		<u>\$ 17,879,899</u>	<u>\$ (3,673,086)</u>	<u>\$ 14,206,813</u>

**Less: Patient & Other Payor Revenues**

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 206,493	\$ 0	\$ 206,493
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	48,977	0	48,977
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 255,470</u>	<u>\$ 0</u>	<u>\$ 255,470</u>

**Medi-Cal Net Reimbursement for Direct Services**

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 1,489,023	\$ (314,325)	\$ 1,174,698
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	15,689,063	(3,257,887)	12,431,176
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	446,343	(100,875)	345,468
25. Total		<u>\$ 17,624,429</u>	<u>\$ (3,673,086)</u>	<u>\$ 13,951,343</u>

**Medi-Cal MAA Reimbursement**

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**SCHEDULE 2a**

**SANTA BARBARA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003**

**COUNTY OPERATED FEDERAL**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<b><u>Amount Negotiated Rates Exceed Cost</u></b>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Medi-Cal Administrative Reimbursement**

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 4,188,171	\$ (551,430)	\$ 3,636,741
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 2,191,696	\$ 210,931	\$ 2,402,627
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 2,191,696</u>	<u>\$ 210,931</u>	<u>\$ 2,402,627</u>

**Healthy Families Administrative Reimbursement**

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 62,132	\$ (10,839)	\$ 51,293
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 62,499	\$ 3,968	\$ 66,467
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 62,132</u>	<u>\$ (10,839)</u>	<u>\$ 51,293</u>

**Utilization Review Reimbursement**

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 1,254,438	\$ (499,083)	\$ 755,355
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 100,303</u>	<u>\$ 223,421</u>	<u>\$ 323,724</u>

**Net SD/MC Reimbursement - FFP**

45. Direct Services	(MH1979, Ln 16,16A)	\$ 8,853,338	\$ (1,861,228)	\$ 6,992,110
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	26,563	26,563
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	1,095,848	105,466	1,201,314
50. U.R. Skilled Professional	(MH1979, Ln 14)	940,829	(374,313)	566,516
51. U.R. Other	(MH1979, Ln 15)	50,152	111,710	161,862
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 10,940,167</u>	<u>\$ (1,991,802)</u>	<u>\$ 8,948,365</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # )	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 10,940,167</u>	<u>\$ (1,991,802)</u>	<u>\$ 8,948,365</u>
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**Net Healthy Families Reimbursement - FFP**

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 290,931	\$ (65,739)	\$ 225,192
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	40,541	(7,073)	33,468
60. Total Healthy Families Reimbursement - FFP		<u>\$ 331,472</u>	<u>\$ (72,811)</u>	<u>\$ 258,661</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 11,271,639</u>	<u>\$ (2,064,613)</u>	<u>\$ 9,207,026</u>
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(To Sch. 1)

[illegible]

	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Legal Entity	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total MAA FFP
Number	In Patient	In Patient	Out Patient	Out Patient	In Patient	In Patient	Out Patient	Out Patient	Reimbursement
Legal Entity	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
00108 Telecare Corporation	\$ 39	\$ 0	\$ 39	\$ 0	\$ (39)	\$ 0	\$ 2,252,714	\$ 0	\$ 0
00115 Seneca Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 36,968	\$ 0	\$ 0
00275 Casa Pacifica	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 59,303	\$ 0	\$ 0
00389 Transitions Mental Health Assoc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 414,615	\$ 0	\$ 0
00416 CHARLEE Family Care, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,597	\$ 0	\$ 0
00417 Sanctuary Psychiatric Centers	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 637,647	\$ 0	\$ 0
00472 Devereux Foundation	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 25,548	\$ 0	\$ 0
00484 North Valley Schools	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 65,646	\$ 0	\$ 0
00541 Charis Youth Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 9,024	\$ 0	\$ 0
00674 American Medical Response	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 182,786	\$ 2,959	\$ 0
00675 Child Abuse Listening & Mediation	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 518,582	\$ 17,504	\$ 0
00676 Family Service Agency	\$ 0	\$ 0	\$ 194	\$ 0	\$ 0	\$ 0	\$ 222,104	\$ 9,286	\$ 0
00678 Santa Barbara Mental Hlth Assoc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 579,701	\$ 0	\$ 0
00679 Community Action Commission	\$ 0	\$ 0	\$ 2,450	\$ 0	\$ 0	\$ 0	\$ 1,399,709	\$ 121,298	\$ 0
00680 Vocational Training Centers	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 23,179	\$ 0	\$ 0
00681 Santa Maria Vly. Youth & Family	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 361,566	\$ 13,656	\$ 0
00683 Work Training Programs, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,626,316	\$ 0	\$ 0
00684 Phoenix of Santa Barbara	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 567,684	\$ 0	\$ 0
00728 Work, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,685	\$ 0	\$ 0
00893 Soujourn Services, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 843,264	\$ 2,754	\$ 0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
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0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
GRAND TOTAL	\$ 39	\$ 0	\$ 2,683	\$ 0	\$ (39)	\$ 0	\$ 9,832,638	\$ 167,457	\$ 0

(To Sch. 1)



## SCHEDULE 4

SANTA BARBARA COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
COMPUTATION EPSDT STATE SHARE PER AUDIT  
FISCAL YEAR ENDED JUNE 30, 2003

	<u>As Settled</u>	<u>Adjustment</u>	<u>As Audited</u>
(1) SD/MC Actuals after Cost Report Settlement	\$25,625,690	\$ (3,554,605)	\$22,071,085
(2) Total SD/MC Claims	\$27,167,702	\$0	\$27,167,702
(3) Percent % (1) of (2) = (3)	94.32%		81.24%
(4) EPSDT Claims	\$10,847,823	\$0	\$10,847,823
(5) Actual Cost Settled EPSDT SD/MC (3) x (4) = (5)	\$10,231,667	(\$1,418,878)	\$8,812,789
(6) Cost Settled Baseline for EPSDT	\$1,074,096	\$0	\$1,074,096
(7) Cost Settlement Amount (5) - (6) = (7)	\$9,157,571	(\$1,418,878)	\$7,738,693
(8) 48.64% of Net Cost Settlement Amount (7) x 48.56% = (8)	\$4,446,916	(\$682,816)	\$3,764,100
(8a) FY 2001-02 EPSDT settlement (48.64% of net costs (8))	\$3,828,778	\$58,891	\$3,887,669
(8b) Actual Local Growth (8) - (8a) = (8b)	\$618,138	(\$741,707)	(\$123,569)
(9) County Match 10% of Local Growth (8b) x 10% = (9)	\$61,814	(\$74,171)	(\$12,357)
(10) Net cost settlement amount (8) - (9) = (10)	\$4,385,102	(\$608,645)	\$3,776,457
(11) SGF Distributed	\$4,385,102	\$0	\$4,385,102
(12) SGF Owed to the State	\$0	(\$608,645)	(\$608,645) (To Sch. 1)

## Sources:

- Line 1 Total CFRS SD/MC actuals after final settlement for Net Direct Outpatient Services  
Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- Line 2 Total SD/MC paid claims (total non-hospital, including PHF's) by County submitting  
claims.
- Line 4 SD/MC paid claims for children under 21 years of age (full scope, non-hospital  
including PHF's) including new aid codes by County of Beneficiary.
- Line 6 Cost Settled Baseline for 2002-2003, includes increase for FFS/MC provider  
rate increase.
- Line 7 Settlement amount prior to 10% match calculation (8) - (9)
- Line 11 SGF gross distribution (see DMH letter dated October 23, 2002 sent to Local Mental  
Health Directors). Includes adjustment for additional SGF and ASO non participants.
- Line 12 Amount owed back to the state can not be more than advanced.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

**CALCULATION OF PROGRAM COSTS**  
**MH 1960 (10/04)**

**Fiscal Year 2002-2003**

County: SANTA BARBARA  
 County Code: 42

Legal Entity: SANTA BARBARA COUNTY		A	B	C
Legal Entity Number: 00042		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	21,513,845	35,806,574	57,320,419
2	Encumbrances		(715,937)	(715,937)
3	Less: Payments to Contract Providers (County Only)		(13,027,025)	(13,027,025)
4	Other Adjustments (Provide Detail)		(1,727,552)	(1,727,552)
5	Total Costs Before Medi-Cal Adjustments	21,513,845	20,336,059	41,849,904
6	Medi-Cal Adjustments from MH 1961			(16,151,250)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			25,698,654
	Administrative Costs (County Only)			
9	SD/MC Administration			2,402,627
10	Healthy Families Administration			66,467
11	Non-SD/MC Administration			1,398,760
12	Total Administrative Costs			3,867,854
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			755,355
14	Other SD/MC Utilization Review			323,724
15	Non-SD/MC Utilization Review			648,210
16	Total Utilization Review Costs			1,727,289
	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			20,103,511
19	Total Costs - Lines 9 through 18			25,698,654

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**  
**MEDI-CAL ADJUSTMENTS TO COSTS**  
**MH 1961 (10/04)**

**DEPARTMENT OF MENTAL HEALTH**

**Fiscal Year 2002-2003**

County: SANTA BARBARA  
County Code: 42

Legal Entity: SANTA BARBARA COUNTY		A	B	C
Legal Entity Number: 00042		Salaries and Benefits	Other	Total Adjustments
1	ADP	(1,764,193)	(10,467,646)	(12,231,839)
2	ADP ICRP		(109,978)	(109,978)
3	Other Adjustments (See Other Adjustments Detail)		(992,475)	(992,475)
4	Depreciation		21,469	21,469
5	Audit Settlements		(39,277)	(39,277)
6	EPSDT Deduction from ASO		5,673	5,673
7	CEC Services to Probation		534,334	534,334
8	Negative Interest Revenue		134,693	134,693
9				
10	Audit Adjustment:			
11	Eliminate building expense		(732,250)	(732,250)
12	To include depreciation expense		12,419	12,419
13	Eliminate other financing uses		(2,134,072)	(2,134,072)
14	Eliminate on fixed asset cost		(17,771)	(17,771)
15				
16	Eliminate Counseling Education Center expenses		(534,334)	(534,334)
17	Eliminate duplicate EPSDT expenses		(5,672)	(5,672)
18	Eliminate FFS cost not supported on G/L		(5,774)	(5,774)
19	Eliminate office equipment fixed asset expense		(57,928)	(57,928)
20	Include depreciation expense		1,532	1,532
21	<b>Total Adjustments</b>	(1,764,193)	(14,387,057)	(16,151,250)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
 ALLOCATION OF COSTS TO MODES OF SERVICE  
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH  
 Fiscal Year 2002-2003

County: SANTA BARBARA  
 County Code: 42

Legal Entity: SANTA BARBARA COUNTY		A
Legal Entity Number: 00042		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	20,103,511
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	3,331,746
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	16,580,177
6	Outreach Services (Mode 45)	66,588
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	125,000
9	Total - Lines 2 through 8	20,103,511

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: SANTA BARBARA

County Code: 42

Legal Entity: SANTA BARBARA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00042			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Hospital Inpatient (SFC 10-19)				10	19				
1	Allocation Percentage		100.00%	54.09%	45.91%				
2	Total Units			2,944	2,499				
3	Gross Cost		3,331,746	1,802,069	1,529,677				
4	Cost per Unit			612.12	612.12				
5	SMA per Unit			838.20	235.96				
6	Published Charge per Unit			856.00	235.96				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		286	41				
8A		10/01/02 - 06/30/03		1,172	977				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		130					
9A		10/01/02 - 06/30/03		227					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			1,129	1,481				
13	Medi-Cal Costs *	07/01/02 - 09/30/02	185,873	175,065	10,808				
13A		10/01/02 - 06/30/03	976,793	717,400	259,393				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	250,534	239,725	10,808				
14A		10/01/02 - 06/30/03	1,241,764	982,370	259,393				
15	Medi-Cal Published Charges *	07/01/02 - 09/30/02	255,624	244,816	10,808				
15A		10/01/02 - 06/30/03	1,262,625	1,003,232	259,393				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	79,575	79,575					
17A		10/01/02 - 06/30/03	138,950	138,950					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	108,966	108,966					
18A		10/01/02 - 06/30/03	190,271	190,271					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	111,280	111,280					
19A		10/01/02 - 06/30/03	194,312	194,312					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		1,950,555	691,079	1,259,476				

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

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## DETAIL COST REPORT

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County: SANTA BARBARA  
County Code: 42

Legal Entity: SANTA BARBARA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00042			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)									
1	Allocation Percentage								
2	Total Units								
3	Gross Cost								
4	Cost per Unit								
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs								

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

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County: SANTA BARBARA  
County Code: 42

Legal Entity: SANTA BARBARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00042		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services								
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	SMA per Unit							
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs							





## DEPARTMENT OF MENTAL HEALTH

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Legal Entity: SANTA BARBARA COUNTY			H	I	J	K	L	M	N
Legal Entity Number: 00042			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)									
			40	41	50	51	58	60	61
1	Allocation Percentage		9.25%	7.45%	0.72%	3.82%	0.07%	10.31%	0.92%
2	Total Units		880,995	709,305	68,243	363,429	6,908	529,343	47,346
3	Gross Cost		1,466,878	1,181,010	113,626	605,118	11,502	1,635,172	146,255
4	Cost per Unit		1.67	1.67	1.67	1.67	1.67	3.09	3.09
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	4.23	4.23
6	Published Charge per Unit		2.20	2.20	2.20	2.20	2.20	3.95	3.95
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	122,236	143,930	10,473	71,146	1,067	65,316	11,140
8A		10/01/02 - 06/30/03	412,572	401,705	26,182	189,238	2,515	203,125	32,680
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02	350			265		20,589	
9A		10/01/02 - 06/30/03	4,318		836	79		43,356	35
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		337				57	
10A		10/01/02 - 06/30/03	593	1,045	201	1,110		200	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02	1,130	1,440	167	1,215		874	
11A		10/01/02 - 06/30/03	15,633	8,265	2,282	8,192	2,011	5,085	
12	Non-Medi-Cal Units		324,163	152,583	28,102	92,184	1,315	190,741	3,491
13	Medi-Cal Costs	07/01/02 - 09/30/02	203,526	239,647	17,438	118,460	1,777	201,765	34,412
13A		10/01/02 - 06/30/03	686,943	668,849	43,594	315,086	4,188	627,465	100,950
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	278,698	328,160	23,878	162,213	2,433	276,287	47,122
14A		10/01/02 - 06/30/03	940,664	915,887	59,695	431,463	5,734	859,219	138,236
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	268,919	316,646	23,041	156,521	2,347	257,998	44,003
15A		10/01/02 - 06/30/03	907,658	883,751	57,600	416,324	5,533	802,344	129,086
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	583			441		63,601	
17A		10/01/02 - 06/30/03	7,190		1,392	132		133,929	108
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	798			604		87,091	
18A		10/01/02 - 06/30/03	9,845		1,906	180		183,396	148
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	770			583		81,327	
19A		10/01/02 - 06/30/03	9,500		1,839	174		171,256	138
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02		561				176	
21A		10/01/02 - 06/30/03	987	1,740	335	1,848		618	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02		768				241	
22A		10/01/02 - 06/30/03	1,352	2,383	458	2,531		846	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02		741				225	
23A		10/01/02 - 06/30/03	1,305	2,299	442	2,442		790	
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	1,881	2,398	278	2,023		2,700	
29A		10/01/02 - 06/30/03	26,029	13,761	3,800	13,640	3,348	15,708	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	2,576	3,283	381	2,770		3,697	
30A		10/01/02 - 06/30/03	35,643	18,844	5,203	18,678	4,585	21,510	
31	Healthy Families Published Charges	07/01/02 - 09/30/02	2,486	3,168	367	2,673		3,452	
31A		10/01/02 - 06/30/03	34,393	18,183	5,020	18,022	4,424	20,086	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		539,739	254,054	46,791	153,489	2,190	589,210	10,784

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
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County Code: 42

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Legal Entity: SANTA BARBARA COUNTY			O	P	Q	R	S	T	U
Legal Entity Number: 00042			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			62	70					
1	Allocation Percentage		15.72%	2.81%					
2	Total Units		807,322	178,742					
3	Gross Cost		2,493,865	445,109					
4	Cost per Unit		3.09	2.49					
5	SMA per Unit		4.23	3.41					
6	Published Charge per Unit		3.95	3.20					
7	Negotiated Rate / Cost per Unit								
8		07/01/02 - 09/30/02	153,935	30,112					
8A	Medi-Cal Units	10/01/02 - 06/30/03	537,925	95,158					
9		07/01/02 - 09/30/02	1,117	185					
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	8,013	2,420					
10		07/01/02 - 09/30/02	35	45					
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	264						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11		07/01/02 - 09/30/02	1,029	1,042					
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03	5,428	3,038					
12			99,576	46,742					
12	Non-Medi-Cal Units								
13		07/01/02 - 09/30/02	475,514	74,986					
13A	Medi-Cal Costs	10/01/02 - 06/30/03	1,661,682	236,966					
14		07/01/02 - 09/30/02	651,145	102,682					
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	2,275,423	324,489					
15		07/01/02 - 09/30/02	608,043	96,358					
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	2,124,804	304,506					
16		07/01/02 - 09/30/02							
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02	3,450	461					
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	24,753	6,026					
18		07/01/02 - 09/30/02	4,725	631					
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	33,895	8,252					
19		07/01/02 - 09/30/02	4,412	592					
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	31,651	7,744					
20		07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02	108	112					
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	816						
22		07/01/02 - 09/30/02	148	153					
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	1,117						
23		07/01/02 - 09/30/02	138	144					
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	1,043						
24		07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
25		07/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs								
26		07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27		07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges								
28		07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29		07/01/02 - 09/30/02	3,179	2,595					
29A	Healthy Families Costs	10/01/02 - 06/30/03	16,767	7,565					
30		07/01/02 - 09/30/02	4,353	3,553					
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	22,960	10,360					
31		07/01/02 - 09/30/02	4,065	3,334					
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	21,441	9,722					
32		07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
33			307,596	116,399					
33	Non-Medi-Cal Costs								

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

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Legal Entity: SANTA BARBARA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00042			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				10	60	40			
1	Allocation Percentage		100.00%	86.87%	11.54%	1.59%			
2	Total Units			711,599	60,575	13,860			
3	Gross Cost		720,842	626,207	83,173	11,462			
4	Cost per Unit			0.88	1.37	0.83			
5	SMA per Unit			2.28	4.23	2.28			
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		139,704	13,480	2,520			
8A		10/01/02 - 06/30/03		435,060	42,820	11,220			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02		1,710					
10A		10/01/02 - 06/30/03		3,195		120			
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		1,680					
11A		10/01/02 - 06/30/03		2,190					
12	Non-Medi-Cal Units			128,060	4,275				
13	Medi-Cal Costs	07/01/02 - 09/30/02	143,532	122,939	18,509	2,084			
13A		10/01/02 - 06/30/03	450,926	382,853	58,794	9,279			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	381,291	318,525	57,020	5,746			
14A		10/01/02 - 06/30/03	1,198,647	991,937	181,129	25,582			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	1,505	1,505					
21A		10/01/02 - 06/30/03	2,911	2,812		99			
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	3,899	3,899					
22A		10/01/02 - 06/30/03	7,558	7,285		274			
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	1,478	1,478					
29A		10/01/02 - 06/30/03	1,927	1,927					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	3,830	3,830					
30A		10/01/02 - 06/30/03	4,993	4,993					
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		118,563	112,693	5,870	0			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: SANTA BARBARA

County Code: 42

CR

CR

Legal Entity: SANTA BARBARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00042		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			10	20				
1	Allocation Percentage		100.00%	6.93%	93.07%			
2	Total Units		1	1				
3	Gross Cost	66,588	4,615	61,973				
4	Cost per Unit		4,615.00	61,973.00				
5	Non-Medi-Cal Units		1	1				
6	Non-Medi-Cal Costs	66,588	4,615	61,973				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: SANTA BARBARA  
County Code: 42

Legal Entity: SANTA BARBARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00042		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities								
1	Allocation Percentage							
2	Total Units							
3	Total Expenditures							
4	Cost per Unit							
5	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH  
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SANTA BARBARA  
County Code: 42

CR

Legal Entity: SANTA BARBARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00042		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			30					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		1					
3	Gross Cost	125,000	125,000					
4	Cost per Unit		125,000.00					
5	Non-Medi-Cal Units (Same as Line 2)		1					
6	Non-Medi-Cal Costs (Same as Line 3)	125,000	125,000					



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %  
MH 1978 (10/04)

Fiscal Year 2002-2003

County: SANTA BARBARA

County Code: 42

Legal Entity: SANTA BARBARA COUNTY

Legal Entity Number: 00042		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)	209,996	964,702	107,938	498,342		
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	2,911,781	8,885,998	1,496,655	4,584,014		
5	15 - Outpatient (Program 2)	142,797	449,912	73,398	231,764		
6	Totals	3,264,574	10,300,612	1,677,991	5,314,119		
7	Totals from MH1979	3,264,574	10,300,612	1,677,991	5,314,119		
8	Effective SD/MC FFP %					51.40%	51.59%



### DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT  
MH 1979 (10/04)

Fiscal Year 2002-2003

FFP % Source: MH1978 E8	FFP % Source: MH1978 F8
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[illegible]

## AUDIT ADJUSTMENTS

Provider SANTA BARBARA COUNTY				Provider Number 00042	No. of Adj. 100	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To eliminate Lompoc Building purchase expense as this asset should have been capitalized and depreciated over the useful life of the asset.  CMS PUB. 15-1 SEC. 108	\$ 29,172,504	\$ (732,250)	\$ 28,440,254 *
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To include Lompoc Building depreciation expense on the assets to be capitalized in adjustment number 1.  CMS PUB. 15-1 SEC. 102, 104, 108	** \$ 28,440,254	\$ 12,419	\$ 28,452,673 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To eliminate other financing uses account for insufficient documentation to determine if these costs are related to patient care.  CMS PUB. 15-1 SEC. 2102.3, 2304	** \$ 28,452,673	\$ (2,134,072)	\$ 26,318,601 *
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To eliminate the cost fixed assets. These assets must be capitalized and depreciated over the useful life of the assets.  CMS PUB. 15-1 SEC. 108	** \$ 26,318,601	\$ (17,771)	\$ 26,300,830 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA BARBARA COUNTY				00042	100	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>			
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION ** \$ 26,300,830 To eliminate Counseling Education Center (CEC) expenses for insufficient documentation to determine if these costs are related to patient care. CMS PUB. 15-1 SEC. 2304	\$ 26,300,830	\$ (534,334)	\$ 25,766,496 *
6	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION ** \$ 25,766,496 To eliminate duplicate EPSDT expense. CMS PUB. 15-1 SEC. 2304	\$ 25,766,496	\$ (5,672)	\$ 25,760,824 *
7	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION ** \$ 25,760,824 To adjust Fee-For-Services costs to agree with county's general ledger. CMS PUB. 15-1 SEC. 2304	\$ 25,760,824	\$ (5,774)	\$ 25,755,050 *
8	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION ** \$ 25,755,050 To eliminate office equipment fixed asset expense as these asset should have been capitalized and depreciated over the useful life of the asset. CMS PUB. 15-1 SEC. 102, 104	\$ 25,755,050	\$ (57,928)	\$ 25,697,122 *
9	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION ** \$ 25,697,122 To include depreciation expense on the assets to be capitalized in adjustment No. 8. CMS PUB. 15-1 SEC. 104, 102	\$ 25,697,122	\$ 1,532	\$ 25,698,654
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider SANTA BARBARA COUNTY				Provider Number 00042	No. of Adj. 100	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COST</u></b>			
10	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 2,191,696	\$ (2,191,696)	\$ 0 *
11	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	62,499	(62,499)	0 *
12	MH 1960	11	C	NON SD/MC ADMINISTRATION	643,032	(643,032)	0 *
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	<u>\$ 2,897,227</u>		<u>\$ 2,897,227 *</u>
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs.			
13	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	\$ 1,254,438	\$ (1,254,438)	\$ 0 *
14	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	100,303	(100,303)	0 *
15	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	436,106	(436,106)	0 *
Info.	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	<u>\$ 1,790,847</u>		<u>\$ 1,790,847 *</u>
				To eliminate the reported distribution of utilization review costs. Costs will be redistributed after adjustments to utilization review costs.			
16	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,897,227	\$ (102,825)	\$ 2,794,402 *
17	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	\$ 24,484,430	\$ 102,825	\$ 24,587,255 *
				To reverse expenses identified as A-87 costs from Administrative costs to direct services for proper cost finding method in conjunction with adjustment number 20 and 21.			
				CMS PUB. 15-1 SEC. 2300, 2304, DMH Letter 90-03			
18	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,794,402	\$ 1,009,894	\$ 3,804,296 *
19	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	** \$ 24,587,255	\$ (1,009,894)	\$ 23,577,361
				To reverse A-87 Costs from Mode Costs to Administrative Costs for proper cost finding method.			
				CMS PUB. 15-1 SEC. 2300, 2304, DMH Letter 90-03			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA BARBARA COUNTY				00042	100	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COST</u></b>			
20	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS ** \$	3,804,296	\$ 63,558	\$ 3,867,854 *
21	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS ** \$	1,790,847	\$ (63,558)	\$ 1,727,289 *
				To reverse A-87 Costs from Utilization Review Costs to Administrative Costs for proper cost finding.			
				CMS PUB. 15-1 SEC. 2300, 2304, DMH Letter 90-03			
22	MH 1960	9	C	SD/MC ADMINISTRATION ** \$	0	\$ 2,402,627	\$ 2,402,627
23	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION **	0	66,467	66,467
24	MH 1960	11	C	NON SD/MC ADMINISTRATION **	0	1,398,760	1,398,760
Info	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS ** \$	<u>3,867,854</u>		<u>\$ 3,867,854</u>
				To reallocate Total Administrative Costs among Medi-Cal, Healthy Families, and non-Medi-Cal based on percentage of audited Med-Cal costs per Form MH 1968 to total costs per Form MH 1964 in accordance with cost report instructions.			
25	MH1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) ** \$	0	\$ 755,355	\$ 755,355
26	MH1960	14	C	OTHER SD/MC UTILIZATION REVIEW **	0	323,724	323,724
27	MH1960	15	C	NON-SD/MC UTILIZATION REVIEW **	0	648,210	648,210
Info.	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS ** \$	<u>1,727,289</u>		<u>\$ 1,727,289</u>
				To reallocate Total Utilization Review Costs among Skilled Professional Medical Personnel, Other Medi-cal, and non-medical-cal based on Form MH 1968 percentage of audited Med-Cal costs per to total costs per Form MH 1964 in accordance with cost report instructions.			
28	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA) \$	24,484,430	\$ (4,380,919)	\$ 20,103,511
				To adjust mode costs in conjunction of adjustment numbers 1 to 4, 6 to 10, 19 and 21.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA BARBARA COUNTY				00042	100	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u></b>			
29	MH 1964	2	A	HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19)	\$ 3,535,918	\$ (204,172)	\$ 3,331,746
30	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15)	20,030,308	(4,170,973)	15,859,335
Info.	TOTAL	9	A	MODE COSTS (DIRECT SERVICES AND MAA)	<u>\$ 23,566,226</u>	<u>\$ (4,375,145)</u>	<u>\$ 19,191,081</u>
				To distribute audited Direct Services costs (Medi-Cal Modes) to Hospital Inpatient Services and Outpatient Services using the Relative Value method method based on Schedule of Maximum Allowance rate.			
31	MH 1964	5	A	TOTAL MODE 15 - OUTPATIENT (PROGRAM 2) GROSS COST	\$ 726,616	\$ (5,774)	\$ 720,842 *
				To adjust program 2 cost to reflect adjustment number 7.			
32	MH 1966A	3	B+C	Fee-For-Services - Psychi	0	\$ 85,074	\$ 85,074
33	MH 1966A	3	B	Fee-For-Services - Psycho	0	50,751	50,751
34	MH 1966A	3	B	Fee-For-Services - LCSW	0	26,296	26,296
35	MH 1966A	3	B	Fee-For-Services - MFCC	0	138,492	138,492
36	MH 1966A	3	B	Fee-For-Services - MFT	0	203,462	203,462
37	MH 1966A	3	B	Fee-For-Services - MIXED	0	205,306	205,306
38	MH 1966A	3	D	ASO	0	11,462	11,462
Info.	MH 1966A	3	A	TOTAL FEE-FOR-SERVICES GROSS COST.	** \$ <u>720,842</u>	<u>\$ 720,842</u>	<u>\$ 720,842</u>
				To show the Program 2 costs by provider discipline.			
39	MH1966	3	B	MHS 15-10	\$ 615,908	\$ 10,299	\$ 626,207
40	MH1966	3	C	MHS 15-60	99,246	(16,073)	83,173
Info.	MH1966	3	D	ASO 15-40	11,462	0	11,462
Info.	MH1966	3	A	TOTAL FEE-FOR-SERVICES GROSS COST.	<u>\$ 726,616</u>	<u>\$ (5,774)</u>	<u>\$ 720,842</u>
				To reclassify the program 2 costs agree with county's record.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA BARBARA COUNTY				00042	100	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u></b>			
41	MH 1964	2	A	HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19)	\$ 3,535,918	\$ (204,172)	\$ 3,331,746
42	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 AND PROGRAM 2)	20,756,924	(4,176,747)	16,580,177
Info.	MH 1964	6	A	OUTREACH SERVICE (MODE 45)	66,588	0	66,588
Info.	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	125,000	0	125,000
43	MH 1964	9	A	TOTAL	\$ <u>24,484,430</u>	\$ <u>(4,380,919)</u>	\$ <u>20,103,511</u>
				To distribute audited Direct Services cost to Hospital Inpatient Service, Outpatient Services, Outreach Services, and Support Services to reflect adjustment numbers 33 through 42.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA BARBARA COUNTY				00042	100	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS</u>			
Info.	MH 1966A	2	B	TOTAL UNITS - MODE 05-10	2,944	0	2,944
Info.	MH 1966A	2	C	TOTAL UNITS - MODE 05-19	2,499	0	2,499
44	MH 1966A	2	B	TOTAL UNITS - MODE 15-01	2,417,840	(240)	2,417,600
45	MH 1966A	2	C	TOTAL UNITS - MODE 15-10	577,209	(80)	577,129
Info.	MH 1966A	2	D	TOTAL UNITS - MODE 15-11	103,778	0	103,778
Info.	MH 1966A	2	E	TOTAL UNITS - MODE 15-12	31,663	0	31,663
46	MH 1966A	2	F	TOTAL UNITS - MODE 15-30	557,998	(770)	557,228
47	MH 1966A	2	G	TOTAL UNITS - MODE 15-31	1,514,807	(355)	1,514,452
Info.	MH 1966A	2	H	TOTAL UNITS - MODE 15-40	880,995	0	880,995
48	MH 1966A	2	I	TOTAL UNITS - MODE 15-41	761,800	(52,495)	709,305
Info.	MH 1966A	2	J	TOTAL UNITS - MODE 15-50	68,243	0	68,243
49	MH 1966A	2	K	TOTAL UNITS - MODE 05-51	363,451	(22)	363,429
Info.	MH 1966A	2	L	TOTAL UNITS - MODE 05-58	6,908	0	6,908
50	MH 1966A	2	M	TOTAL UNITS - MODE 15-60	529,353	(10)	529,343
Info.	MH 1966A	2	N	TOTAL UNITS - MODE 15-61	47,346	0	47,346
Info.	MH 1966A	2	O	TOTAL UNITS - MODE 15-62	807,322	0	807,322
Info.	MH 1966A	2	P	TOTAL UNITS - MODE 15-70	178,742	0	178,742
Info.	TOTAL			TOTAL UNITS	<u>8,852,898</u>	<u>(53,972)</u>	<u>8,798,926</u>
				To adjust total units to agree with County records.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			



## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA BARBARA COUNTY				00042	100	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED UNITS</u></b>			
51	MH 1966A	2	B	Fee-For-Services - Psychi 15-11	697,429	(695,269)	2,160
52	MH 1966A	2	C	Fee-For-Services - Psychi 15-60	60,575	0	60,575
53	MH 1966A	2	B	Fee-For-Services - Psycho 15-10	0	57,672	57,672
54	MH 1966A	2	B	Fee-For-Services - LCSW 15-10	0	29,882	29,882
55	MH 1966A	2	B	Fee-For-Services - MFCC 15-10	0	157,377	157,377
56	MH 1966A	2	B	Fee-For-Services - MFT 15-10	0	231,206	231,206
57	MH 1966A	2	B	Fee-For-Services - MIXED 15-10	0	233,302	233,302
58	MH 1966A	2	D	ASO 15-40	11,816	2,044	13,860
Info.	TOTAL			TOTAL UNITS	<u>769,820</u>	<u>16,214</u>	<u>786,034</u>
				To adjust Program 2 total units to agree with cost per units rate.			
				CMS PUB. 15-1 SEC. 2304			
59	MH1966	3	B	MHS 15-10	697,429	14,170	711,599
60	MH1966	3	C	MHS 15-60	60,575	0	60,575
Info.	MH1966	3	D	ASO 15-40	11,816	2,044	13,860
Info.	MH1966	3	A	TOTAL FEE-FOR-SERVICES GROSS COST.	<u>726,616</u>	<u>16,214</u>	<u>786,034</u>
				To adjust program 2 total units agree with county's record.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider SANTA BARBARA COUNTY				Provider Number 00042	No. of Adj. 100	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u></b>			
61	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	1,783,871	(4,406)	1,779,465
62	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS 51.40%	19,310	4,816	24,126
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>1,803,181</u>	<u>410</u>	<u>1,803,591 *</u>
63	MH 1966A	8A	Total	TOTAL MEDICAL UNITS 50.70%	5,518,080	(101,243)	5,416,837
64	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS 50.70%	31,371	39,498	70,869
Info.	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>5,549,451</u>	<u>(61,745)</u>	<u>5,487,706 *</u>
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
65	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 1,803,591	(2,737)	1,800,854 *
66	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 50.70%	** 5,487,706	(54,077)	5,433,629 *
Info.	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>7,291,297</u>	<u>(56,814)</u>	<u>7,234,483 *</u>
				To adjust Medi-Cal and Medi/Medi units to agree with County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider SANTA BARBARA COUNTY				Provider Number 00042	No. of Adj. 100	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u></b>			
67	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 1,800,854	1,180	1,802,034 *
68	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 50.70%	** 5,433,629	(6,022)	5,427,607
Info.	MH 1966A		TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	** 7,234,483	(4,842)	7,229,641 *
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
69	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	** 1,802,034	(23,610)	1,778,424
70	MH 1966A	9	TOTAL	TOTAL MEDICAL UNITS 50.70%	** 5,427,607	(67,404)	5,360,203
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS	** 7,229,641	(91,014)	7,138,627
				To identify Medi/Medi units for settlement purposes.			
71	MH 1966A	10	TOTAL	TOTAL ENHANCE UNITS 07/01/02-09/30/02	0	8,565	8,565
72	MH 1966A	10A	TOTAL	TOTAL ENHANCE UNITS 10/01/02-06/30/03	0	19,414	19,532
				To adjust Enhance Children's units to agree with the State Department of Mental Health Summary of Approved claims.			
73	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02	40,650	(575)	40,075
74	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03	173,698	(6,540)	167,158
				To adjust Healthy Families units to agree with the State Department of Mental Health Summary of Approved claims.			
75	MH 1978	8	F	EFFECTIVE SD/MC FFP %	51.58%	0.01%	51.59%
				To adjust the FFP Ratio to reflect adjustment number 51 through 58.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider SANTA BARBARA COUNTY				Provider Number 00042	No. of Adj. 100	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u></b>			
76	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	1,701,571	(29,901)	1,671,670
77	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS 51.40%	0	531	531
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>1,701,571</u>	<u>(29,370)</u>	<u>1,672,201 *</u>
78	MH 1966A	8A	Total	TOTAL MEDICAL UNITS 50.70%	4,936,279	117,182	5,053,461
79	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS 50.70%	0	3,805	3,805
Info.	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>4,936,279</u>	<u>120,987</u>	<u>5,057,266 *</u>
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
80	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 1,672,201	30,867	1,703,068 *
81	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 50.70%	** 5,057,266	(108,524)	4,948,742 *
Info.	MH 1966A		TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	<u>** 6,729,467</u>	<u>(77,657)</u>	<u>6,651,810 *</u>
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA BARBARA COUNTY				00042	100	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u></b>			
82	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	** 1,703,068	(40,544)	1,662,524 *
83	MH 1966A	9	TOTAL	TOTAL MEDICAL UNITS 50.70%	** 4,948,742	(35,716)	4,913,026 *
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS	** 6,651,810	(76,260)	6,575,550 *
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
84	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	** 1,662,524	(531)	1,661,993
85	MH 1966A	9	TOTAL	TOTAL MEDICAL UNITS 50.70%	** 4,913,026	(3,805)	4,909,221
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS	** 6,575,550	(4,336)	6,571,214
				To identify Medi/Medi units for settlement purposes.			
86	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	** 1,661,993	(12,641)	1,649,352
87	MH 1966A	9	TOTAL	TOTAL MEDICAL UNITS 50.70%	** 4,909,221	(71,585)	4,837,636
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS	** 6,571,214	(84,226)	6,486,988
				To adjust Medi-Cal units in excess of total units for the the following contractors: Casa Pacifica, Sanctuary Psychiatric Centers, Family Service Agency, Santa Maria Valley Youth and Family Center, and Phoenix of Santa Barbara.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider SANTA BARBARA COUNTY				Provider Number 00042	No. of Adj. 100	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u></b>			
88	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02	27,409	40	27,449 *
89	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03	140,576	(6,991)	133,585 *
				To adjust Healthy Families units to agree with the State Department of Mental Health Summary of Approved claims.			
90	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02 **	27,449	(40)	27,409
91	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03 **	133,585	7,278	140,863
				To adjust Healthy Families units to agree with the County's record.			
92	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02 **	27,409	(507)	26,902
93	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03 **	140,863	(7,562)	133,301
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records.			
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u></b>			
94	MH 1980	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB	\$ 10,114,286	\$ (304,247)	\$ 9,810,039
				To adjust the outpatient Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the costs and the SD/MC units of service/time.			
95	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 10,940,167	\$ (1,991,802)	\$ 8,948,365
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider SANTA BARBARA COUNTY				Provider Number 00042	No. of Adj. 100	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u></b>			
96	MH 1979	25	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY  To adjust Total Health Families Reimbursement (FFP) due to the adjustments to reported costs and units.	\$ 331,472	\$ (72,811)	\$ 258,661
97	MH 1979	25	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY  To adjust SD/MC and Healthy Families in conjunction with adjustment numbers 93 and 94.	\$ 11,271,639	\$ (2,064,613)	\$ 9,207,026 *
98	SCH 2			TOTAL SD/MC REIMBURSEMENT  To adjust Total SD/MC Reimbursement for contract providers as a result of adjustments to SD/MC units.  Per Final Settlement \$ 5,119,032 Adjustment (300,072) Per Audit <u>\$ 4,818,960</u>	** \$ 9,165,192	4,818,960	13,984,152 *
99	SCH 2			TOTAL SD/MC REIMBURSEMENT  To adjust Total Healthy Family Reimbursement for contract providers as a result of adjustments to units.  Per Final Settlement \$ 114,020 Adjustment (6,683) Per Audit <u>\$ 107,337</u>	** \$ 13,984,152	\$ 107,337	\$ 14,091,489
100	SCH 4	10		EPSDT -SGF  To adjust the final settlement under EPSDT program to reflect the adjustments make to costs and units of service/time.  * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	\$ 4,385,102	\$ (608,645)	\$ 3,776,457

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**FINDING NO. 1: CAPITAL ITEMS EXCEEDING \$5,000 WERE EXPENSED IN THE CURRENT YEAR**

Our examination disclosed that during the audit period, the County purchased a building in the amount of \$732,250 and expensed the entire amount in the year acquired. Per CMS Pub. 15-1, Section 108, assets with an estimated useful life of at least 2 years and a historical cost of at least \$5,000 must be capitalized and depreciated over the estimated useful life of the asset. Per the County's Capital Asset Policy and Guidelines (Policy), equipment, furniture, and vehicles have a capitalization threshold of \$5,000. The County's Policy also has a capitalization threshold of \$100,000. This policy is superseded by Federal regulations. The Department removed the expense and depreciated the asset over the useful life of 30 years.

In addition, the County expensed miscellaneous fixed assets totaling \$57,928, and a Computer Server valued at \$17,771. In both cases, the assets have a useful life of five (5) years. An adjustment was made to eliminate the capital expense and allow depreciation of these assets over their estimated useful life.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services (CMS) Pub.15-1, Section 108 & 2304
- California Code of Regulations (CCR), Title 9, Division 1, Section 640

**RECOMMENDATION**

We recommend that the County follow its fixed asset capitalization policy guidelines regarding expensing of certain kinds of assets. The DMH follows the Medi-Cal reimbursement guidelines of capitalizing assets over \$5,000 or the provider's guidelines whichever is less. In addition, the Medi-Cal program recognizes the American Hospital Association (AHA) asset guidelines which provide the useful life of the assets.

We also recommend that the County adhere to the CMS regulations regarding expensing of assets.

**AUDITEE'S RESPONSE**

It is the County's intention to insure that the capitalization and depreciation policies are observed and reflected appropriately in the preparation of future cost reports.



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**FINDING NO. 2: A-87 COSTS WERE REPORTED AS TREATMENT COSTS**

Our examination disclosed that the County reported \$907,069 of A-87 County overhead costs as treatment costs. Audit's reclassified the costs from treatment to administration based on DMH Letter 94-01 which states, in part:

"Administrative Costs

Agencies and departments of local governments and contractors providing a county's entire mental health program often furnish patient care facilities with administrative services necessary to their operation. The cost of such services are included as allowable to the extent they are 1) reasonable, 2) related to services provided by direct patient care facilities, 3) allowable under Medicare regulations, and 4) allocated on an acceptable basis.....

Approved A-87 costs are allowable..."

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- DMH Letter 90-03
- DHS Letter 94-01

**RECOMMENDATION**

We recommended that the County properly report A-87 costs as administrative costs. The inclusion of administrative costs with treatment may have a material impact on settlement and could result in a duplication of costs.

**AUDITEES RESPONSE**

As a result of this finding, the County will insure that allowable A-87 Cost Allocation costs are properly included as part of Administration.

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**FINDING NO. 3: CONTRACT PROVIDERS' COSTS EXCEEDS THE  
CONTRACT MAXIMUM**

Our examination disclosed that the costs for some contract providers exceeded the maximum amount payable as specified in their contract with the County. Following is a listing of contract providers that shows excess of costs over the contract maximum:

<u>Contract Provider</u>	<u>Excess Costs</u>
1. Sanctuary Psychiatric Center	\$208,402
2. Child Abuse Listening and Mediation	\$ 31,485
3. Vocational Training Center	\$ 6,980

On November 5, 2007, the County sent a letter to the Department self-disclosing this issue. Per the letter, the County permitted these contract providers to continue to bill for Medi-Cal services even though the contract maximum had been reached. The County reimbursed the contractor up to the contract maximum, even though the County received payment from the State for services in excess of the contract maximum. The County retained the excess of costs over payments made to the respective contract providers.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATION**

We recommend that the County reconcile total expenses reported by each contract provider to the contract agreements between the county and contractor and take appropriate action to ensure that expenses do not exceed the contract maximum. This could be accomplished by a contract amendment made during the period of the contract if the County so desires.

**AUDITEE'S RESPONSE**

Although the issue with one of the providers identified (Sanctuary) is not an issue with the contract max but an error in reporting payments received for the SHIA

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program, the County has identified this area a priority. The County has already started the process to incorporate and put controls in place to better manage provider contracts to insure that contract maximums are not exceeded.

**FINDING NO. 4: COUNTY CHARGED CERTAIN CONTRACTORS A 15% ADMINISTRATION FEE**

On November 5, 2007, the County sent a letter to the Department self disclosing that the County had, for some contractors, added a 15% charge for administrative services. The contractor would add 15% of the Administrative fee charged by the County as costs on their Medi-Cal cost report. The County would reimburse the contractor's cost less the 15% County fees, and retain 15% administrative fee. In addition, the County continued to send claims to the DMH of administrative costs pursuant to rules regarding claiming and reporting of such costs. Due to this situation, there is the possibility that some costs may have been reimbursed by the State twice.

The administrative fees, when included in provider's cost reports, results in a higher base from which to negotiate future rates. Therefore, the ultimate negotiated rates in future periods includes a "built in" administrative cost factor thus loses its identity as such.

It was noted that during the audit period there were only two (2) contract provider's wherein the contracts included the 15% administrative charge. These are:

- Sojourn, Inc.;
- Community Action Commission.

The Department has not proposed any adjustments at this time as these issues are still under review.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services (CMS) Pub.15-1, Section 108 & 2304
- California Code of Regulations (CCR), Title 9, Division 1, Section 640

**RECOMMENDATIONS**

We recommend that that, if the County has not already done so, the County should revise all agreements with contractors to exclude the 15% administrative charge.

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**AUDITEE RESPONSE**

The County concurs with this finding and has already implemented the State's recommendation by revising contractor agreements effective January 2008.

**FINDING NO. 5: COUNTY COST REPORT INCLUDED COSTS AND UNITS OF CONTRACT PROVIDERS**

Our examination of the County's records revealed that the County included the costs and units of service/time for two following (2) contract providers on the County's Medi-Cal program cost report:

- Child Assistance Team Creating Hope (C.A.T.C.H.);
- Community Environmental Council (CEC)

A review of the County's Legal Entity Listing disclosed that these contractors have their own Legal Entity number, independent of the County Legal Entity number. As such, the costs and unit of service/time associated with these contractors should not be included on the County's cost report. The County cost report should only include those costs and related information that was actually incurred by the County in order to determine proper settlement.

Further, the County's contract agreements with C.A.T.C.H. and CEC state that the contractor must submit a cost report order to be reimbursed for services.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATION**

We recommend that the County follow up on cost reports not submitted by contract providers. The County should inform contract providers of consequences of not submitting cost reports in a timely fashion. In addition, The County should not include contract provider costs and/or units of service/time on County's cost report.

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**AUDITEE'S RESPONSE**

The inclusion of these small provider's costs and units of service (Community Environmental Council 51,595 units and Santa Barbara Office of Education

(CATCH, 2,396 units) as part of the County's cost report was done at the recommendation of our Analyst at the State. Upon discovery that these two providers, new to the program, had inadvertently neglected to submit a cost report for the start-up year, it was recommended that, the change to the units of service be done during the reconciliation process.

**FINDING NO. 6: SENECA CENTER CONTRACTOR IMPROPER REPORTING OF DAY TREATMENT SERVICES**

Our examination of the Seneca Center's (a contract provider) records disclosed that Day Treatment units of services reported under Mode 10, Service Function 81 (Half Day), were actually billed and approved by the State as Full Day Treatment services (10-85). The contractor is authorized to provide both Full Day and Half Day treatment as stated in the contract agreement.

The contract provider is to issue a letter to the DMH stating that the contractor provided full day intensive services. Based on the terms of the contract agreement and the contractor's letter, the reported Half Day Treatment units of service will be reclassified to Full Day services.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATION**

We recommend that the contractor use due diligence when reporting units of service. Such due diligence will assure that the provider maximized Medi-Cal reimbursement. We also recommend the County compare reported units of service to applicable county records for propriety.

**AUDITEE'S RESPONSE**

County staff, including Fiscal and Quality Assurance will continue to work with out-of-County providers and the State to insure that changes made to the

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provider files are properly documented and communicated for proper treatment in the cost reports.

**FINDING NO. 7: NORTH VALLEY SCHOOLS CONTRACTOR IMPROPER REPORTING OF DAY TREATMENT SERVICES**

Our examination of the North Valley Schools contractor's records disclosed that Day Rehabilitation Services reported under Mode 10, Service Function 91 (Half Day), were billed and approved as Full Day Rehabilitation services Mode 10, Service Function 95.

The terms of the contract agreement, along with County records, indicate that the contractor provided Full Day Rehabilitation Services. The DMH Audits Branch is awaiting written conformation from the contractor verifying the nature of the services provided.

Upon receipt of adequate supporting documentation, the reported Half Day Rehabilitation services will be reclassified to Full Day rehabilitation services for audit purposes.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATION**

We recommend that the contractor use due diligence when reporting units of service. Such due diligence will assure that the provider maximized Medi-Cal reimbursement. We also recommend the County compare reported units of service to applicable county records for propriety.

**AUDITEE'S RESPONSE**

County staff, including Fiscal and Quality Assurance will continue to work with out-of-County providers and the State to insure that changes made to the provider files are properly documented and communicated for proper treatment in the cost reports.

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**FINDING NO. 8: PHASE II (FEE-FOR-SERVICE) UNITS AND COSTS**

Our examination disclosed that the Fee for Service (FFS) costs and units under Program II of the Short-Doyle/Medi-Cal Cost Report were not identified by discipline in accordance with the cost reporting instructions of Phase II (Outpatient) consolidation expenditures.

There are three (3) types of providers under Fee-For-Service Program II. These are: Group Providers, Individual Providers, and Organizational Providers. The provider types or disciplines are: Psychiatrist, Psychologist, Licensed Clinical

Social Worker (LCSW), Marriage, Family, and Child Counselor (MFCC), Registered Nurse (RN), and Mixed Specialty Group Practice. The County must request from the Department the provider type and a provider file update (PFU) form must be completed for each of the provider types. It must also indicate the modes of service and services functions to be used by that provider type. The County was unable to provide documentation identifying Fee-For-Service units by discipline, thus the Department was unable to reflect the grouping of the Short-Doyle/Medi-Cal units billed to the State.

In order to calculate and include settlement reimbursement under Phase II Managed Care Outpatient costs, the reported cost per unit was accepted as filed.

**AUDIT AUTHORITY**

- Code of Federal Regulation (CFR) -3, 19, 27
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- California Code of Regulations (CCR) Title 9, Section 640
- DMH Information Notice 97-15
- DMH Information Notice 97-06

**RECOMMENDATIONS**

We recommend that the County report Fee-For-Service units, gross cost, and total units by discipline and, if applicable, by service function within the discipline to reflect the actual payments made by the County. The total units of time should be captured for each discipline in order for the cost per unit to reflect the actual costs for each discipline as indicate on the letter dated December 23, 1998 sent to the Local Mental Health Administrators of the Counties.

We also recommend that the County exercise due care in the preparation of its cost report. All records utilized in the preparation of the Short-Doyle/Medi-Cal cost report must be retained; properly documented; and be readily available for

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audit purposes. Supporting documentation must be properly labeled and have an audit trail thereby facilitating the completion of the audit in a timely manner.

**AUDITEE'S RESPONSE**

The responsibility to perform the detail audit work on this particular section was assigned to a staff new and unfamiliar with Mental Health including Fee for Service Programs. While many request were made by the audit team including copies of every provider in the Network, various units of service reports, payment reports etc., etc.), when pressed for details regarding why the information was needed, none could be provided. The level of scrutiny and amount of supporting documentation requested seemed to be out of line compared to the total expense attributed to this cost reimbursed program.

Although not previously requested, the County will report units of service for this program by discipline for future cost reports.

**FINDING NO. 9: COUNTY GENERAL LEDGER ACCOUNT 7901 (OTHER TRANSFER OUT)**

Our examination disclosed that the County's General Ledger Account 7901 (Other Transferred Out) includes costs related to the Alcohol and Drug Treatment Program, and costs related to partnerships with other County agencies, and Administration costs that were actually transferred in to the account. Per conversation with the CFO, administration cost totaling **\$200,000** is, in actuality, a transfer of revenue from capital account 5911 to account 7901, and is not a true cost. As such, this amount should be excluded from the filed cost report. Following are a number of other items discovered during the review of this account (Account 7901):

- 1) Certain expense transferred from the Alcohol and Drug Treatment Programs are not related to Mental Health Services and were properly excluded from the filed cost report by the County;
- 2) Expenses related to Children's Mental Health Partnerships include expenses from three (3) County Departments. These Departments are:
  - a) Department of Social Services (DSS)
  - b) Public Health Department (PH)
  - c) Probation Department (Probation)



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Per County staff, Children's Mental Health Services are provided at the following three (3) County Clinics:

- Santa Barbara;
- Santa Maria;
- Lompoc.

The County reimburses the above mentioned partners (mentioned in 3a, 3b, and 3c above) for Children's Mental Health Services performed at these clinics based on cost reports submitted to the County. The total costs for Children's Mental Health Services for these provider's in the current fiscal amounts to **\$940,931**. Due to a lack of sufficient documentation, an adjustment is proposed to eliminate these expenditures.

The County claimed treatment costs rendered by staff of the Probation Department. The DMH was unable to confirm that these expenses were related to Children's Services treatment as claimed by the County. Per a Memorandum of Understanding (MOU) between the County and Probation:

- Probation will provide a program titled Counseling and Education Centers (CEC) to administer Children's Mental Health Services. Under the MOU, Probation is to provide counseling and education services to juvenile offenders placed by the Juvenile Court. The program will provide supervision and structure; monitor the terms and conditions of probation; provide family and individual counseling; and give minors an opportunity to improve educationally.
- ADMHS is to provide clinical treatment oversight, transition and family reunification services, home visits, evaluation of the youth, and counseling services including stress and anger management, self-esteem building, substance abuse avoidance, vocational skill building, and school attendance.

Probation submits a cost report to the County for reimbursement of these services.

Audit's interpretation of the MOU is that treatment services are being provided by probation staff. The qualifications of the probation staff to deliver treatment are not outlined in the MOU. Audits has request a list of those personnel from the Probation Department who are administering treatment, along with job descriptions and any credentials identifying them as qualified health care providers.

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Also, per the MOU, it appears that at least a portion of the services are related to substance abuse treatment. These costs would not be allowed under the Medi-Cal program.

Audit's proposes to eliminate **\$725,976** related to the Probation Department pending the receipt of additional documentation to support these costs.

The total proposed adjustment for account 7901 is \$1,873,505 broken down as follows:

Administration (Page 9, Paragraph 1)	\$ 200,000
Adult Mental Health Partnership (Page 9, Paragraph 1, Item 2)	6,667
Children's Mental Health Services (Page 9, Last Paragraph)	940,931
Probation Department	726,976
Unidentified (Page 10, Last Paragraph)	<u>(1,069)</u>
Total Adjustment	<u>\$1,873,505</u>

**AUDIT AUTHORITY:**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATION**

We recommend that the County keep adequate documentation to support reported expenses. The lack of adequate documentation could result in adjustments to settlement in the future.

**AUDITEE RESPONSE**

The county submitted no response as of this date.

**FINDING NO. 10: COUNTY INCLUDED \$534,334 PROBATION CEC PROGRAM COSTS**

The County included, as an Other Adjustment, expenses totaling \$534,334 related to CEC Probation costs. As described in Finding 9 above, the CEC program is a partnership between the County and the Probation Department. The County did not supply adequate documentation to support this cost.

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**AUDIT AUTHORITY**

- CMS Pub. 15-1, Sections 2300 and 2304

**RECOMMENDATIONS**

We recommend that the County keep records in sufficient detail to support all reported costs.

**AUDITEES RESPONSE**

The County submitted no response as of this date.

**FINDING NO. 11: LACK OF RECORDS TO SUPPORT UR DISALLOWANCES**

Our examination disclosed that based on interviews with certain County staff, during the course of the County's Quality Assurance (QA)/Utilization Review (UR) process, several charts were identified as not allowable under the Medi-Cal program. However, the County was unable to provide documentation identifying the disallowed charts. In addition, the County had no policy and procedures for in place for QA/UR for the audit year.

**AUDIT AUTHORITY**

- CMS Pub. 15-1, Sections 2300 and 2304

**RECOMMENDATIONS**

We recommend that the County keep records in sufficient detail to support all reported costs.

**AUDITEES RESPONSE**

The County will insure that disallowances resulting from internal Quality Assurance Reviews will be maintained and made available for review during future audits.

**FINDING NO. 12: AB 2034 HOMELESS PROGRAM COSTS**

Our examination disclosed that the County authorized two (2) grants, in the amount of \$250,000 each, to the following contract provides:

- Transitions Mental Health Association
- Santa Barbara Mental Health Association

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According to the County's records, these funds were to be used as the down payment on houses in which treatment was to be administered. The grants were approved in Fiscal Year 2001-2002, and distributed in 2002-2003. The County distributed the funds, but made no follow up as to the use of the funds. No documentation was provided to verify that the funds were actually used for their intended purpose.

Additionally, the terms of the contract states that the contractor is to administer treatment services for thirty years. If the contractor fails to meet requirements the County may, at its discretion recoup some or all of the grant funds from these providers.

The County needs to assure that the State AB2034 grant funds received from the State were used for their intended purpose. Any asset purchased or reimbursed with grant funds remains the property of the State until such time as the asset has been fully depreciated or is eventually disposed of at some future date. Therefore, if the contractor fails to perform, the County is required to return the asset or grant payment back to the State.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATIONS**

We recommend that the County look into the use of these funds for propriety and reasonableness. A lack of documentation could result in audit findings in the future.

**AUDITEES RESPONSE**

As recommended, the County will follow up with the recipients of the funds and insure that the properties purchased with these funds continue to be used solely for the designated purpose, "provide housing for clients "at risk" of homelessness.

**FINDING NO. 13: NO DOCUMENTATION TO SUPPORT ENHANCED MEDICAL UNITS OF SERVICE**

Our examination disclosed that a review of the DMH Summary of Short-Doyle/Medi-Cal Units of Service report revealed the County billed the State for

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27,979 Enhanced Medi-Cal units of service. However, the County's Medi-Cal Units report (PSP356) indicated that no Enhanced services had been performed.

In addition, the cost report the submitted to the State by the County did not show any Medi-Cal Enhanced units. Through discussions with the County, Audits was able to determine that the Enhanced services were performed, but the County was unable to extract the Enhanced units from the total Short-Doyle/Medi-Cal units. Therefore, the Enhanced were included by the County with the Short-Doyle/Medi-Cal units on the cost report. Audit's and the County agree that the Enhanced units per the DHM Summary report will be deemed as audited Enhanced units.

**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATIONS**

It is recommended that the County review and update reporting systems and policies for Enhanced Short-Doyle/Medi-Cal units. Improper reporting of Enhanced units may result in lower reimbursement for these services.

**AUDITEE'S RESPONSE:**

The County will insure that our internal system properly captures units of service for Enhanced Short-Doyle/Medi-Cal population to insure proper reporting in future cost reports.

**FINDING No. 14: REDUCTION IN OUTREACH COSTS**

Our examination disclosed the Outreach costs reported in the County's cost report for the audit year (FY02-03) decreased by \$600,000 as compared to Outreach costs in the prior year. Subsequent to the close of the audit, DMH

Audits staff talked with County staff about this matter. The concern of DMH Audits staff was whether, through an error or otherwise, a portion of the outreach

costs were somehow reported in the treatment modes. After our conversation with the County, we were assured that there were no outreach services costs reported in the treatment program for the fiscal period under audit.

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**AUDIT AUTHORITY**

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

**RECOMMENDATIONS**

Since the County provided assurance of proper reporting of Outreach services costs, no recommendations are necessary.

**AUDITEE'S RESPONSE**

No response necessary.